

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: SYSTEM FOR FILLING CONTAINERS  
Attorney Docket Number:: 000166.0096-US02  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 8  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Lloyd  
Middle Name:: P.  
Family Name:: Johnston  
City of Residence:: Belmont  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 32 Winslow Road  
City of mailing address:: Belmont  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02478

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kevin  
Family Name:: Stapleton  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 4221 East Lynn Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Postal or Zip Code of mailing address:: 98112

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ernest  
Middle Name:: E.  
Family Name:: Penachio  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 18 Speridakis Terrace  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark

Family Name:: Wolff  
City of Residence:: Somerville  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 14 Mead Street, Apartment 1  
City of mailing address:: Somerville  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02144

### **Correspondence Information**

Correspondence Customer Number:: 26853

### **Representative Information**

Representative Customer Number:: 26853

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/052,632	01/23/02
10/052,632	Division of	09/642,666	08/22/00

### **Assignee Information**

Assignee name:: Advanced Inhalation Research, Inc.  
Street of mailing address:: 840 Memorial Drive  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02139